

Massachusetts Official
Absentee Ballot Application

See reverse side for instructions



William Francis Galvin
Secretary of the Commonwealth

**Voter
Information**

1

Name: _____

Legal Voting Residence:

Date of Birth: _____ Telephone Number: _____

E-mail Address: _____

**Ballot
Information**

2

Mail Ballot to: _____

Ballot Requested For:

☐ All elections this year

☐ All general elections (No primaries)

☐ A specific election: _____
Date of Election

Party (only if requesting primary ballot):

State Primaries: _____

Presidential Primary: _____

**Special
Circumstances**
(If applicable)

3

☐ This application is being made by a family member of the voter.

Relationship to voter: _____

☐ Voter is a member of military on active duty or dependent family member of active duty personnel.

☐ Voter is a Massachusetts citizen residing overseas.

☐ Voter has been admitted to a healthcare facility after noon on the fifth day before the election and has designated the following person to hand-deliver the ballot: _____

☐ Voter required assistance in completing application due to physical disability.

Assisting person's name: _____

Assisting person's address: _____

Signed (under penalty of perjury): _____ Date: _____